

June 13, 2002

The Honorable John D. Dingell United States House of Representatives Washington, DC 20510

The Honorable Charles Rangel United States House of Representatives Washington, DC 20510

Dear Representatives Dingell and Rangel:

We write on behalf of the National Partnership for Women and Families in support of the Medicare prescription drug proposal that you are introducing today. As a nonprofit, nonpartisan advocacy organization dedicated to improving the lives of women and families, the National Partnership promotes policies that ensure greater access to affordable, high quality health coverage. Your prescription drug proposal puts this critical benefit within reach for millions of disabled and elderly Americans and is particularly important to improving women's access to needed health care.

Women especially need an affordable prescription drug benefit in Medicare. Women make up the majority of elderly individuals covered by Medicare – women represent 58 percent of the Medicare population at age 65 and 71 percent of the population for those 85 and over. Women are more likely to be in poorer health as they age, either with multiple chronic illnesses or debilitating diseases that require constant reliance on prescription drug medications – 17 million women on Medicare use prescription drugs regularly. Older women are also likely to have fewer financial resources than men to meet the higher costs of prescription drugs – women make up 70 percent of Medicare beneficiaries living below the poverty level and 1 in 6 women covered by Medicare relies on public assistance to cover health care costs.

Your proposal responds to women's needs, providing a benefit that is affordable, responsible, and cost-effective. Your proposal would greatly increase women's access to prescription drugs — requiring them to only pay a modest deductible and nominal coinsurance, and protecting them against spending more than \$2,000 per year. Importantly, low-income women would not be priced out of this benefit — women under 150 percent of poverty would have access to this benefit with no additional cost-sharing, and women with incomes up to 175 percent of poverty would get premium assistance, with no asset test. The proposal also works to get the cost of prescription drugs under control by empowering the Secretary of Health and Human Services and pharmacy benefit managers to negotiate discounted prices. In short, this proposal assures women will have access to these critical benefits when they need them.

Thank you for your leadership in introducing this important proposal. We look forward to working with you to achieve its passage this year.

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President

Debra L. Ness

Executive Vice-President